Eli's Hospice Insider

Reimbursement: Out With The Old, In With The New: MBIs

Warning: Don't drag your feet on the transition to billing with new Medicare numbers.

Along with the New Year will come another new thing - a Medicare requirement to use MBIs on virtually all claims.

Reminder: Starting Jan. 1, the **Centers for Medicare & Medicaid Services** will reject claims with the old Health Insurance Claims Numbers (HICNs), with a few exceptions. The transition comes to a close on Dec. 31, and providers should be using patients' new Medicare Beneficiary Identifiers on their claims submissions as of Jan. 1, CMS and the HHH Medicare Administrative Contractors have been emphasizing in frequent messages to providers.

Remember, CMS initiated the change to move away from Social Security numbers on Medicare beneficiaries' cards starting in April 2018. CMS made the move to replace the old cards with randomly-selected, 11-digit MBIs to protect patients from identity theft and fraud.

The most recent statistics show that 87 percent of providers are using the new numbers in their claims submissions, CMS says.

According to guidance from MAC **CGS**, you can expect these notices on Jan. 1:

Electronic claims: Providers will receive these reject codes if they use HICNs: "Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber),” CGS notes in its December Bulletin.

Paper claims: According to the MAC, you'll receive these codes on your paper claims for HICN usage: "Claim Adjustment Reason Code (CARC) 16 'Claim/service lacks information or has submission/billing error(s)' and Remittance Advice Remark Code (RARC) N382 'Missing/incomplete/invalid patient identifier.'”

For Fee-for Service claims, there are five exceptions to the MBI rule. You can still submit claims with an HICN for the following reasons:

- Claims for "11X-Inpatient Hospitals, 32X-Home Health (home health claims & Request for Anticipated Payments (RAPs)), and 41X-Religious Nonmedical Health Care Institutions” that start during the transition but run past its deadline of Dec. 31.
- Appeals.
- Audits.
- Claims status query for claims before Jan. 1.
- Incoming premium payments for beneficiaries who don't get Social Security or Railroad Retirement benefits.

According to CMS, there are a few exceptions for Medicare plans, too. It's acceptable to use HICNs for plan appeals. You can also use them for "Drug Data Processing, Risk Adjustment Processing, and Encounter Data” adjustments, advises the agency.

Currently, CMS intends to use HICNs for incoming and outgoing reports on things like Provider Statistical reports, Accountable Care Organization (ACO) reports, and others "until further notice,” guidance indicates. Plans can also use HICNs for older contract years as well.

Heads Up To MBI Changes

Just because Medicare recently issued MBIs to beneficiaries doesn't mean their MBI can't change. Benes or their

authorized representatives can ask to change their MBIs if, for example, the MBI is compromised, CMS explains. CMS can also change an MBI.

Tip: "If you get an eligibility transaction error code (AAA 72) of 'invalid member ID,' your patient's MBI may have changed," CMS instructs providers. In that case, you can "do a historic eligibility search to get the termination date of the old MBI," the agency advises.

If the dates of your claim span the new MBI effective date, you can use the old or new MBI on the claim, CMS adds.

Another tip: When you make an eligibility inquiry of the system with a new MBI, "we will return all eligibility data," CMS details. If the inquiry uses the old MBI and the request date or date range overlap the active period for the old MBI, "we will return all eligibility data. We will also return the old MBI termination date."

But you won't get eligibility data if you use the old MBI and claims dates that are only after the new MBI's effective date, CMS cautions. In that case, "we will return an error code (AAA 72) of 'invalid member ID.'"

Start MBI Updates Now

Don't wait until Jan. 1 to start updating your patients' charts with their new MBIs, CMS urges. Do it now, "before you are busy with other patient insurance changes in January," the agency says.

And home care providers may need to catch up, warns the **National Association for Home Care & Hospice**. While the overall MBI rate is 87 percent at last check, "performance by home health and hospice providers has lagged behind that of others," NAHC warns in a recent message to members.

For example: **National Government Services** "recently indicated that at the close of November, hospice providers in their JK jurisdiction were submitting 79 percent of claims with the MBI, while J6 providers were submitting just over 72 percent of their claims with the MBI," NAHC shares.

You can obtain your patients' MBIs on their new Medicare cards, via your MAC's MBI lookup tool, or on Remittance Advices, CMS advises.

Note: More details, including advice on helping patients get their MBIs, is at www.cms.gov/Medicare/New-Medicare-Card/index.